117

PORTAGE COUNTY HEALTH CARE CENTER

Number of Residents on 12/31/01:

825 WHITING AVENUE

STEVENS POINT 54481 Phone: (715) 346-1374 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/01): 135 Total Licensed Bed Capacity (12/31/01): 135

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Title 19 (Medicaid) Certified?
Average Daily Census:

County

Yes

Yes

117

Skilled

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	33. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	45. 3
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	6.0	More Than 4 Years	21. 4
Day Services	No	Mental Illness (Org./Psy)	33. 3	65 - 74	7. 7		
Respite Care	No	Mental Illness (Other)	2. 6	75 - 84	37. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	45. 3	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	3.4	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	4.3	İ	(Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	4. 3		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	12.8	65 & 0ver	94. 0		
Transportati on	No	Cerebrovascul ar	17. 9			RNs	10. 6
Referral Service	No	Di abetes	8. 5	Sex	%	LPNs	6. 1
Other Services	Yes	Respi ratory	4. 3		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	12. 0	Male	27.4	Ai des, & Orderl i es	48. 8
Mentally Ill	No		i	Femal e	72.6		
Provi de Day Programming for	i		100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;]	Family Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	1	3. 3	155	0	0. 0	0	0	0. 0	0	1	0. 9
Skilled Care	11	100.0	332	56	83. 6	97	0	0.0	0	28	93. 3	136	9	100.0	97	0	0.0	0	104	88. 9
Intermedi ate				11	16. 4	80	0	0.0	0	1	3. 3	119	0	0.0	0	0	0.0	0	12	10. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		67	100.0		0	0.0		30	100.0		9	100. 0		0	0.0		117	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti on	s, Services	, and Activities as of 12/3	31/01
Deaths During Reporting Period	l	`					
		ľ		% N	eedi ng		Total
Percent Admissions from:		Activities of	%	Assi s	cance of	% Totally M	Number of
Private Home/No Home Health	1. 2	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent I	Resi dents
Private Home/With Home Health	1. 2	Bathi ng	2. 6		50. 4	47. 0	117
Other Nursing Homes	4.0	Dressing	8. 5		51. 3	40. 2	117
Acute Care Hospitals	93. 6	Transferring	21. 4		47. 0	31. 6	117
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	17. 9		40. 2	41. 9	117
Rehabilitation Hospitals	0.0	Eating	59. 8		19. 7	20. 5	117
Other Locations	0.0	**************	******	******	******	**********	*****
Total Number of Admissions	173	Continence		% S	ecial Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	3. 4	Recei vi ng	Respiratory Care	15. 4
Private Home/No Home Health	29. 1	Occ/Freq. Incontinent	of Bladder	54. 7	Recei vi ng '	Tracheostomy Care	0.0
Private Home/With Home Health	22. 9	Occ/Freq. Incontinent	of Bowel	36. 8	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	1. 1	_			Recei vi ng	Ostomy Care	2. 6
Acute Care Hospitals	6. 9	Mobility			Recei vi ng '	Tube Feedi ng	5. 1
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	4. 3	Recei vi ng	Mechanically Altered Diets	54. 7
Rehabilitation Hospitals	0.0					•	
Other Locations	11.4	Skin Care		0	ther Reside	nt Characteristics	
Deaths	28.6	With Pressure Sores		1. 7	Have Advan	ce Directives	76. 9
Total Number of Discharges		With Rashes		10. 3 M	edi cati ons		
(Including Deaths)	175	ĺ			Recei vi ng	Psychoactive Drugs	59. 8
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************************************ Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership: This Government Facility Peer Group		100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	l lities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	86. 7	84. 8	1. 02	84. 1	1. 03	85. 8	1. 01	84. 6	1. 02		
Current Residents from In-County	88. 9	58. 7	1. 51	79. 3	1. 12	69. 4	1. 28	77. 0	1. 15		
Admissions from In-County, Still Residing	20. 2	27.8	0. 73	25. 5	0. 79	23. 1	0.87	20. 8	0. 97		
Admissions/Average Daily Census	147. 9	58. 7	2. 52	110. 2	1. 34	105. 6	1.40	128. 9	1. 15		
Discharges/Average Daily Census	149. 6	61.8	2. 42	110. 6	1. 35	105. 9	1.41	130. 0	1. 15		
Discharges To Private Residence/Average Daily Census	77. 8	18. 7	4. 17	41. 2	1.89	38. 5	2.02	52. 8	1. 47		
Residents Receiving Skilled Care	89. 7	84. 8	1.06	93. 8	0. 96	89. 9	1.00	85. 3	1.05		
Residents Aged 65 and Older	94. 0	87. 6	1. 07	94. 1	1.00	93. 3	1.01	87. 5	1. 07		
Title 19 (Medicaid) Funded Residents	57. 3	79.8	0. 72	66. 9	0. 86	69. 9	0.82	68. 7	0. 83		
Private Pay Funded Residents	25. 6	16. 3	1. 57	23. 1	1. 11	22. 2	1. 15	22. 0	1. 17		
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 6	0.00	0.8	0.00	7. 6	0.00		
Mentally Ill Residents	35. 9	50. 0	0. 72	38. 7	0. 93	38. 5	0. 93	33. 8	1. 06		
General Medical Service Residents	12. 0	17.8	0. 67	21.8	0. 55	21. 2	0. 56	19. 4	0. 62		
Impaired ADL (Mean)	57. 4	43. 4	1. 32	48. 4	1. 19	46. 4	1. 24	49. 3	1. 17		
Psychological Problems	59. 8	61.6	0. 97	51. 9	1. 15	52. 6	1. 14	51. 9	1. 15		
Nursing Care Required (Mean)	11. 2	8. 4	1. 33	7. 5	1. 50	7. 4	1. 51	7. 3	1. 53		